

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 11.2
TITLE: LYMPHEDEMA

AUTHORITY: 38 USC 1713; 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CF 199.4(d)(3)(ii)

TRICARE POLICY MANUAL: Chapter 7, Section 3.9

I. EFFECTIVE DATE

September 12, 1986

II. PROCEDURE CODE(S)

HCPCS Level II Codes E0650-E0673

III. DESCRIPTION

Lymphedema refers to edema from accumulation of lymph secondary to obstruction to its flow.

IV. POLICY

A. Lymphovenous anastomosis by open surgical correction is a covered CHAMPVA benefit.

B. Lymphedema pumps, both segmental and non-segmental are authorized durable medical equipment for both institutional and home use.

V. POLICY CONSIDERATIONS

A physician's prescription is required for all claims for the segmental type pumps with or without a calibrated pressure gradient.

VI. EXCEPTIONS

Lymphovenous anastomosis by use of a special needle for insertion of lymphatic vessels directly into the veins is not a covered benefit.

END OF POLICY